

Prepared by M. Gordon
Date 10-18-04

~~YES~~ NO Primary Examiner box complete.
~~YES~~ NO Issuing Classification complete.

YES/NO Examiner's initials or cross-through lines supplied for each item cited by applicant.
YES/NO Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

~~YES~~ ~~NO~~ Brief Description of Drawings includes description of each figure in drawings.
~~YES~~ ~~NO~~ Continuing data is mentioned in 1st paragraph. (Can be an insert.)

~~YES~~ ~~NO~~ Claims listed on Notice of Allowability match allowed claims and/or index of claims.
~~YES~~ ~~NO~~ Claims correctly numbered in index.
 (No duplicate or missing claim numbers.)
 (No incorrect dependencies.)

YES ~~NO~~ If necessary (biological sequence listing).

YES NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.